

TEST # 320 CHILD DEVELOPMENT PERFORMANCE EVALUATION SUMMARY SCORE SHEET

I verify that this is an accurate record of the student performance objectives. I also verify that I have a signed copy of the parent/guardian form, giving permission for human sexuality training, on file for each student taking the written test.

Teacher's Signature _____

School _____ Teacher's Name (print) _____ Date _____ Period _____

Copies of this sheet must be kept on file at the school for TWO years, by the teacher, and the school ATE testing coordinator.

Student Names (Last Name, First Name)	Indicate student achievement on each required performance objective. (The number on this score sheet corresponds to the number listed on the Child Development 320 Performance Evaluation Requirements.) Mark each objective with an X or insert nothing in the blank, as indicated below. X (YES) = 80% or above, moderate to highly skilled Blank space (NO) = below 80%, needs direct supervision to limited skilled					Test Item # 81-A (All Xs)	Test Item # 81-B (One or more Blanks)
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